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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		(9)
Case number (if known)	Chapter you are filing under:	
	Chapter 7	*
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

art 1: Identify Yourself	THE PROPERTY OF THE PROPERTY O	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full name		THE STATE OF THE S
Write the name that is on	Charleston	
your government-issued picture identification (for	First name	- First name
example, your driver's license or passport).	<u>T.</u>	
**************************************	Middle name	Middle name
Bring your picture identification to your mee with the trustee.	ting Harris Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years	ve	
Include your married or maiden names.		
Only the last 4 digits of your Social Security	· · ·	
number or federal Individual Taxpayer	xxx-xx-3494	
Identification number	*	
(ITIN)		

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De	btor 1 Harris, Charlesto	n T.	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification		
	Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		357 Ogden Falls Blvd Oswego, IL 60543-7919	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Kendall	
		County	County
	·	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
		·	
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	tor 1 Harris, Charlesto	n T.			Case number (if known)	
Par	Tell the Court About	Your Bankruptcy (ase			
7.	The chapter of the Bankruptcy Code you are		brief description of each, see the top of page 1 and check the		11 U.S.C. § 342(b) for Individuals Filing for Bai	nkruptcy (Form
	choosing to file under	Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
8.	How you will pay the fee	about how y	ou may pay. Typically, if you a ney is submitting your payment	re paying the fee you	k with the clerk's office in your local court for n rself, you may pay with cash, cashier's check, attorney may pay with a credit card or check w	or money order.
			ay the fee in installments. If a Installments (Official Form 10		on, sign and attach the Application for Individue	als to Pay The
		☐ I request ti	nat my fee be waived (You may do not not not not not not not not not no	ay request this option so only if your incor	n only if you are filing for Chapter 7. By law, a ju me is less than 150% of the official poverty line ts). If you choose this option, you must fill out t	that applies to
			Chapter 7 Filing Fee Waived			по пропосной
9.	Have you filed for bankruptcy within the last 8 years?	■ No. □ Yes.				
	o yours.	Distric	•	When	Case number	
		Distric		When	0	
		Distric	t	When	Case number	
10.	Are any bankruptcy cases pending or being filed by	■ No			•	, in equipment
	a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Debto			Relationship to you	
		Distric	t	When	Case number, if known	
		Debto	<u></u>		Relationship to you	
		Distric	t	When	Case number, if known	
11.	Do you rent your	■ No. Go to	line 12.			
	residence?	☐ Yes. Has	your landlord obtained an evic	tion judgment again	st you?	
			No. Go to line 12.			
			Yes. Fill out <i>Initial Statement</i> bankruptcy petition.	t About an Eviction 、	Judgment Against You (Form 101A) and file it	as part of this

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Deb	tor 1 Harris, Charlestor	า T.		Case number (if known)
	•			
Dav	2: Banari Ahaut Anu Bu	-! '	Van Our as a Cala Dramies	
Par	Report About Ally Bus	511163563	You Own as a Sole Propriet	Of
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of bus	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City, Sta	
	to this petition.			x to describe your business:
				ness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
			☐ Commodity Broke	r (as defined in 11 U.S.C. § 101(6))
			☐ None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you indicate that you are a	court must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of inderal income tax return or if any of these documents do not exist, follow the procedure in 11
	For a definition of small	■ No.	I am not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	Report if You Own or	Have Any	Hazardous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.		
	alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is the hazard?	
	safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
				Number, Street, City, State & Zip Code

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Det	tor 1 Harris, Charlestor	<u>ո T.</u>			Case number (if known)
Par	Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling		
		Abo	out Debtor 1:	Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whether	You	u must check one:	You	must check one:
	you have received a briefing about credit counseling.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before you file for booksystem. You		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	If you file anyway, the court can dismiss your case, you will lose whatever filing fee		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			case. Your case may be dismissed if the court is		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
			dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed,		If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
			if any. If you do not do so, your case may be dismissed.		Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			Any extension of the 30-day deadline is granted only		
			for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:		I am not required to receive a briefing about credit counseling because of:
			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			 Active duty. I am currently on active military duty in a military combat zone. 		Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.		If you believe you are not required to receive a briefing abou credit counseling, you must file a motion for waiver of credit counseling with the court.

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Det	otor 1 Harris, Charleston	n T.		Case numb	er (if known)
Par	t 6: Answer These Questi	ons for Re	porting Purposes	•	
16.	What kind of debts do you have?	16a.		onsumer debts? Consumer debts are definently family, or household purpose."	ned in 11 U.S.C.§ 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.	·	
		16b.		usiness debts? Business debts are debts or through the operation of the business or it	
			☐ No. Go to line 16c.		
	•		☐ Yes. Go to line 17.		•
		16c.	State the type of debts you ov	we that are not consumer debts or business	debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	Yes.		o you estimate that after any exempt proper le to distribute to unsecured creditors?	ty is excluded and administrative expenses are
	administrative expenses		■ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do	■ 1-49		1,000-5,000	25,001-50,000
	you estimate that you owe?	□ 50-99		<u> </u>	<u> </u>
		☐ 100-19 ☐ 200-99		☐ 10,001-25,000	☐ More than100,000
19.	How much do you	\$0 - \$5	50 000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
	De Worth?		01 - \$500,000	☐ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion
		\$500,0	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you	= \$0 - \$5	50,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
	501	□ \$100,0	01 - \$500,000	☐ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion
		\$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have exa	mined this petition, and I decl	are under penalty of perjury that the informat	tion provided is true and correct.
				7, I am aware that I may proceed, if eligible ilable under each chapter, and I choose to p	, under Chapter 7, 11,12, or 13 of title 11, United proceed under Chapter 7.
			ney represents me and I did no ined and read the notice requi		n attorney to help me fill out this document, I
		I request	relief in accordance with the	chapter of title 11, United States Code, spe	ecified in this petition.
		case can		concealing property, or obtaining money or p or imprisonment for up to 20 years, or both.	property by fraud in connection with a bankruptcy . 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		Charles	ton T. Harris of Debtor 1	Signature of Debte	or 2
		Executed	on <u>February 20, 2018</u>	Executed on	
			MM / DD / YYYY	MI	M / DD / YYYY

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Debtor 1 Har	ris, Charlestor	ηТ.	Case	number (if known)
For your attorn represented by		Chapter 7, 11, 12, or 13 of title 11, United States	Code, and have explained the	rmed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the e required by 11 U.S.C. § 342(b) and, in a case in
If you are not n	epresented by	which § 707(b)(4)(D) applies, certify that I have I	no knowledge after an inquiry	that the information in the schedules filed with the
an attorney, yo to file this page	u do not need	Signature of Attorney for Debtor	Date	January 31, 2018 MM / DD / YYYY
		Michael R. Richmond ~3124632		
		Heller & Richmond, Ltd.		
		33 N Dearborn St Ste 1907 Chicago, IL 60602-3828		
		Number, Street, City, State & ZIP Code		
		Contact phone (312) 781-6700	Email address	mrichmond@hellerrichmond.com
		3124632		

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Debtor 1 Harris, Charlesto	on T.	Cas	se number (if known)
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United States	Code, and have explained	ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ce required by 11 U.S.C. § 342(b) and, in a case in
If you are not represented by an attorney, you do not need to file this page.			ry that the information in the schedules filed with the
. •	/s/ Michael R. Richmond	Date	February 20, 2018
	Signature of Attorney for Debtor		MM / DD / YYYY
	Michael R. Richmond		·
	Printed name		
	Heller & Richmond, Ltd.		
	Firm name		
	33 N Dearborn St Ste 1907		
	Chicago, IL 60602-3828		
	Number, Street, City, State & ZIP Code		
	Contact phone (312) 781-6700	Email address	mrichmond@hellerrichmond.com
	3124632 ILN		
	Bar number & State	-	

		Documer	nt Page 9 of 55		
Fill in this info	rmation to identify your	case and this filing:			
Debtor 1	Charleston T. Ha	arric			
200101 1	First Name	Middle Name	Last Name	 }	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Sankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS, EASTERN DIVISIO	N	
					_
Case number					☐ Check if this is an
					amended filing
Official F	orm 106A/B				
Schedu	le A/B: Prop	nertv			12/15
			e. If an asset fits in more than on	a antogory list the asset in	
hink it fits best.	Be as complete and accura ore space is needed, attach	ate as possible. If two married p	on the top of any additional page	e equally responsible for so	upplying correct
Part 1: Describ	e Each Residence, Buildin	g, Land, or Other Real Estate Yo	ou Own or Have an Interest In		
. Do you own o	r have any legal or equitabl	e interest in any residence, buil	ding, land, or similar property?		
_	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,, .	3, 4 4, 4 4 4		
No. Go to P	art 2.				
☐ Yes. Where	e is the property?				
Part 2: Describ	e Your Vehicles				
Part 2. Describ	e rour venicies				
□ No ■ Yes	rucks, tractors, sport ut	illity vehicles, motorcycles			
3.1 Make:	Ford		in the property? Check one	the amount of any secu	claims or exemptions. Put
Model: Year:	Explorer 2011	Debtor 1 only			aims Secured by Property.
		☐ Debtor 2 only 1000 ☐ Debtor 1 and Deb	tor 2 only	Current value of the entire property?	Current value of the portion you own?
Other info		At least one of the		onine property :	portion you omin
		☐ Check if this is c	ommunity property	\$0.00	\$0.00
		(see instructions)			
Examples: Bo ■ No □ Yes 5 Add the dol .you have at	lar value of the portion tached for Part 2. Write	onal watercraft, fishing vessels, you own for all of your entrice that number here	vehicles, other vehicles, and a snowmobiles, motorcycle acce	entries for pages	\$0.00 Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

■ No

	Case 18-05682	Desc Main
Debtor 1	Harris, Charleston T. Case number (if known,	
☐ Ye	es. Describe	
□ No	nples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music colle including cell phones, cameras, media players, games	ections; electronic devices
■ re	iphone7	\$200.00
Exam No □ Ye 9. Equip Exam No □ Ye 10. Firea Exam	pment for sports and hobbies inples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and instruments instruments is. Describe is. Describe imples: Pistols, rifles, shotguns, ammunition, and related equipment	
11. Cloth	hes mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
□ No		\$500.00
☐ No ☐ Ye 12. Jewe Exa ☐ No ☐ Ye 13. Non Exa ☐ No ☐ Ye 14. Any ☐ No	wearing apparel Wearing apparel Wearing apparel Imples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold ones. Describe Farm animals amples: Dogs, cats, birds, horses Describe Other personal and household items you did not already list, including any health aids you did not list	<u> </u>
☐ No ☐ Ye 12. Jewe Exa. ☐ No ☐ Ye 13. Non Exa. ☐ No ☐ Ye 14. Any ☐ Ye	Wearing apparel Wearing apparel Imples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold on the second s	<u> </u>
□ No ■ Ye 12. Jewe Exal ■ No □ Ye 13. Non- Exal ■ No □ Ye 14. Any □ Ye 15. Add Par	wearing apparel Describes: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold on the second of t	, silver
☐ No ☐ Ye 12. Jewe Exa. ☐ No ☐ Ye 13. Non Exa. ☐ No ☐ Ye 14. Any ☐ Ye 15. Add Part 4:	Wearing apparel Describes: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold on the second of the second o	, silver

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Document Debtor 1 Harris, Charleston T. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: **USPO Thrift Savings** \$1,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Issuer name and description.

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

☐ Yes.....

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

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Case number (if known) Document Debtor 1 Harris, Charleston T. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$1,000.00 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

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Case number (if known) Document Debtor 1 Harris, Charleston T. 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$700.00 Part 4: Total financial assets, line 36 58. \$1,000.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$1,700.00 \$1,700.00

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\$1,700.00

Official Form 106A/B Schedule A/B: Property page 5

Case 18-05682

63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

Filed 02/28/18

		17(7(-11)))	111 1 (11.11. 14.11.1.1.1	
Fill in this informa	tion to identify your	case:		
Debtor 1	Charleston T. Ha	rris		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	cruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVI	SION
Case number				
(if known)				
,				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Identify the Property You Claim as Exe	ame
--	--	-----

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Ford Explorer	\$0.00		\$2,400.00	735 ILCS 5/12-1001(c)
2011 101000 Line from <i>Schedule A/B</i> : 3.1			100% of fair market value, up to any applicable statutory limit	
Ford Explorer	\$0.00		\$3,800.00	735 ILCS 5/12-1001(b)
2011 101000 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
iphone7 Line from Schedule A/B. 7.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Line nom Schedule Ad. 1.1			100% of fair market value, up to any applicable statutory limit	
Wearing apparel Line from Schedule A/B 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
Elite Holli Goriedale 772. TTT			100% of fair market value, up to any applicable statutory limit	
USPO Thrift Savings Line from Schedule A/B 21.1	\$1,000.00			735 ILCS 5/12-1006
Line IIom Scriedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	

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(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on	or after the date of adjustment.)
■ No	
☐ Yes. Did you acquire the property covered by the exemption within 1,215 da	ays before you filed this case?
□ No	
☐ Yes	

Fill in this information to identify your case:					
Debtor 1	Charleston T. Ha	rris			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION		
Case number					
(if known)					

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

	Out	50 10 00002 1	300 I I	Document	Page 17 of 55	5/10 10.40.20	Description
Fill in	this informa	ation to identify your o					
Debtor	· 1	Charleston T. Ha	rric				
Deptor	'	First Name	Middle N	ame	Last Name		
Debtor	. 2						
(Spouse	if, filing)	First Name	Middle N	ame	Last Name		
United	States Ban	kruptcy Court for the:	NORTHERN	N DISTRICT OF ILL	INOIS, EASTERN DIVIS	SION	
	number			_			
(if known	1)						☐ Check if this is an
							amended filing
Offici	ial Form	106E/F					
		/F: Creditors W	/ho Have	Unsecured	Claime		12/15
						ditors with NONDRIO	RITY claims. List the other party to
Schedul D: Credi the Con	le G: Executo itors Who Ha	ory Contracts and Unexp ave Claims Secured by Pr ge to this page. If you have	ired Leases (Of roperty. If more	ficial Form 106G). Do space is needed, cop	not include any creditors by the Part you need, fill i	s with partially secure t out, number the entr	ty (Official Form 106A/B) and on d claims that are listed in Schedule ies in the boxes on the left. Attach lal pages, write your name and
Part 1:	List All	of Your PRIORITY Un	secured Clair	ns			
1. Do	any creditor	s have priority unsecure	d claims agains	it you?			
	No. Go to Pa	rt 2.					
	Yes.						
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims			
3. Do	any creditor	s have nonpriority unsec	cured claims ag	ainst you?			
	No. You have	e nothing to report in this p	art. Submit this f	orm to the court with y	our other schedules.		
	Yes.			,			
uns	secured claim	, list the creditor separately	y for each claim.	For each claim listed,		it is. Do not list claims a	more than one nonpriority Iready included in Part 1. If more ill out the Continuation Page of Part
							Total claim
4.1	AmeriCa	ash Loans		Last 4 digits of acco	unt number		\$0.00
	Nonpriority	Creditor's Name					
	848 N R	outo EO		When was the debt i	ncurred?		
		IL 60504-4913					
		eet City State Zlp Code		As of the date you fi	le, the claim is: Check all	that apply	
		red the debt? Check one.		-			
	■ Debtor 1	1 only		☐ Contingent			
	Debtor 2	2 only		☐ Unliquidated			
		1 and Debtor 2 only		☐ Disputed			
		one of the debtors and and	other	•	TY unsecured claim:		
		f this claim is for a com		☐ Student loans			
	debt	n subject to offset?	mullity	_	g out of a separation agreer	ment or divorce that you	u did not
	■ No			☐ Debts to pension of	or profit-sharing plans, and	other similar debts	
	☐ Yes			Other. Specify			

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Case number (if know) Debtor 1 Harris, Charleston T. 4.2 \$0.00 **Bank of America** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 896 N Route 59 Aurora, IL 60504-4911 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Capital One** Last 4 digits of account number 1649 \$2,278.00 Nonpriority Creditor's Name When was the debt incurred? 2012-07-12 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Revolving account 4.4 Chase Manhattan Bank USA Last 4 digits of account number \$11,057.00 8172 Nonpriority Creditor's Name When was the debt incurred? Bankruptcy Dept. 10 S Dearborn St Chicago, IL 60603-2300 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Circuit Court of Cook County, IL ☐ Yes

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Case number (if know) Debtor 1 Harris, Charleston T. \$1,000.00 4.5 **CITIBANK** Last 4 digits of account number 8104 Nonpriority Creditor's Name When was the debt incurred? 701 E. 60TH ST. NORTH SIOUX FALLS, SD 57177 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Circuit Court of Cook County, IL ☐ Yes 4.6 Last 4 digits of account number Crandon Emergency Physicians 5528 \$1,017.00 Nonpriority Creditor's Name When was the debt incurred? 2017-11 8012 S Crandon Ave Chicago, IL 60617-1124 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Open account 4.7 Last 4 digits of account number \$481.00 **Crandon Emergency Physicians** 5527 Nonpriority Creditor's Name When was the debt incurred? 2017-11 8012 S Crandon Ave Chicago, IL 60617-1124 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Open account ☐ Yes

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Case number (if know) Debtor 1 Harris, Charleston T. 4.8 \$0.00 **Dreyer Medical Clinic** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1221 N Highland Ave Aurora, IL 60506-1404 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **Elmhurst Clinic - Urgent Care** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? 18W511 Roosevelt Rd Lombard, IL 60148-4184 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.10 Last 4 digits of account number \$409.00 **Empact Emergency Physicians L** 8738 Nonpriority Creditor's Name When was the debt incurred? 2017-03 2000 Ogden Ave Aurora, IL 60504-7222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Open account ☐ Yes

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Harris, Charleston 1.		Case number (it know)	
First Premier Bank	Last 4 digits of account number	4186	\$495.00
Nonpriority Creditor's Name	When was the debt incurred?	2016-12	
601 S Minnesota Ave			
Sioux Falls, SD 57104-4824	A control of the state of the s		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Cneck all that apply	
■ Debtor 1 only	Continues t		
Debtor 2 only	☐ Contingent ☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Revolving	account	
Ford Motor Credit	Last 4 digits of account number		\$0.00
Nonpriority Creditor's Name			·
PO Box 537901	When was the debt incurred?		
Livonia, MI 48153-7901			
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	_	- 1	
□ Yes	Other. Specify		
Franciscan Health Chicago Heights	Last 4 digits of account number		\$0.00
Nonpriority Creditor's Name	When was the debt incurred?		
1423 Chicago Rd			
Chicago Heights, IL 60411-3400			
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	d alaim.	
At least one of the debtors and another	Type of NONPRIORITY unsecured	o ciaim:	
☐ Check if this claim is for a community debt	☐ Student loans	rotion correspond or division that the state of	
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
- -	— Other, Specify		

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Case number (f know)

المال	nams, Chaneston 1.		
1.14	Internal Rev Service	Last 4 digits of account number	\$20,000.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	Insolvency Section P.O. Box 21126 Philadelphia, PA 19114	When was the dest incurred:	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify 2010 - 2013 Federal Income Taxes	
4.15	Kay Jewelers	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name	When we the debt in some dO	
	PO Box 740425	When was the debt incurred?	
	Cincinnati, OH 45274-0425		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.16	PLS Loan Store	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	1261 N Lake St # K	When was the dest incurred:	
	Aurora, IL 60506-2471		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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Case number (if know) Debtor 1 Harris, Charleston T. 4.17 \$0.00 **Purchase Power** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 371874 Pittsburgh, PA 15250-7874 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.18 Rush-Copley Medical Center Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? 2000 Ogden Ave Aurora, IL 60504-7222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.19 Last 4 digits of account number \$0.00 **South Shore Hospital** Nonpriority Creditor's Name When was the debt incurred? 8012 S Crandon Ave Chicago, IL 60617-1124 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Case number (f know)

4.20	State Farm Mutual Automobile Insurance C Nonpriority Creditor's Name 1 State Farm Plz Bloomington, IL 61710-0001	Last 4 digits of account number 3115 When was the debt incurred?	\$3,750.00
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Circuit Court of Cook County, IL	
4.21	US Employees Cr Un	Last 4 digits of account number 6150	\$694.00
	Nonpriority Creditor's Name	When was the debt incurred? 2016-09	
	230 S Dearborn St Ste 29 Chicago, IL 60604-1505	When was the dept incurred:	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Installment account	
4.22	Valley Imaging Consultants Nonpriority Creditor's Name	Last 4 digits of account number 9651	\$48.00
	Nonpholity Greator's Name	When was the debt incurred? 2017-05	
	2000 Ogden Ave		
	Aurora, IL 60504-7222 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Open account	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Entered 02/28/18 15:48:20 Desc Main Case 18-05682 Doc 1 Filed 02/28/18 Page 25 of 55 Case number (f know) Document Debtor 1 Harris, Charleston T. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Atg Credit Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1700 W Cortland St Ste 2 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60622-1131 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Atg Credit Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1700 W Cortland St Ste 2 ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60622-1131 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Atq Credit LLC Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1700 W Cortland St Ste 2 ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60622-1131 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Atq Credit LLC Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1700 W Cortland St Ste 2 ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60622-1131 Last 4 digits of account number 9651 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: General Part 2: Creditors with Nonpriority Unsecured Claims Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 Last 4 digits of account number 1649 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **COOK COUNTY, ILLINOIS - 1ST** Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims MUNICIPAL DI ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 3115 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **COOK COUNTY, ILLINOIS - 1ST** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims MUNICIPAL DI Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **COOK COUNTY, ILLINOIS - 1ST** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **MUNICIPAL DI** ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 8104 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **First Premier Bank** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 5524 ■ Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57117-5524 Last 4 digits of account number 4186 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Internal Rev Service** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Insolvency Section P.O. Box 7346 ■ Part 2: Creditors with Nonpriority Unsecured Claims Philadelphia, PA 19101-7346 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor?

Phoenix Financial Serv 8902 Otis Ave Ste 103A Indianapolis, IN 46216-1009

Last 4 digits of account number

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

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Debtor 1 Harris, Charleston T.		Case number (f know)			
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Phoenix Financial Serv	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
8902 Otis Ave Ste 103A Indianapolis, IN 46216-1009		■ Part 2: Creditors with Nonpriority Unsecured Claims			
indianapons, nv 40210-1005	Last 4 digits of account number	5527			
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
Phoenix Financial Services. LLC	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 361450 Indianapolis, IN 46236-1450		■ Part 2: Creditors with Nonpriority Unsecured Claims			
mulanapons, nv 40230-1430	Last 4 digits of account number	5528			
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
Phoenix Financial Services. LLC	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 361450 Indianapolis, IN 46236-1450		■ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number	5527			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims	0	Obligations spirits and of a second in a second and disease that			
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	41,229.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	41,229.00

		DOGUILLE	HI PAUE / / 01:55	
Fill in this infor	mation to identify your	case:		
Debtor 1	Charleston T. Ha	rris		
	First Name	Middle Name	Last Name	_)
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	_
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION	_
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.4					
	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

		Docume	nt Page 28 c	IT わわ	
Fill in this inf	ormation to identify your				
Debtor 1	Charleston T. Ha	rris			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTER	N DIVISION	
Case number					
(if known)					Check if this is an amended filing
Official F	Form 106H				•
	le H: Your Cod	ebtors			12/15
1. Do you ■ No □ Yes 2. Within	(if known). Answer every on the last 8 years, have you, Idaho, Louisiana, Nevada,	rou are filing a joint case, do	pperty state or territory	? (Community property s	tates and territories include Arizona,
3. In Colum line 2 aga	id your spouse, former spous n 1, list all of your codebto ain as a codebtor only if th chedule E/F (Official Form	ors. Do not include your s	spouse as a codebtor it or cosigner. Make sure	you have listed the cre	ith you. List the person shown in ditor on Schedule D (Official Form E/F, or Schedule G to fill out
	<i>lumn 1:</i> Your codebtor le, Number, Street, City, State and Z	IP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt that apply:
Nan Nun City	nber Street	State	ZIP Code	_ ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐	ne
				Oshodda D. F	
Nan	ne			☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line	
Nun City		State	ZIP Code	_	

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						1				
	in this information to identify your case otor 1 Charleston T									
	otor 2				_					
Uni	ted States Bankruptcy Court for the:	NORTHERN DISTRIC	CT OF ILLINOIS, E	ASTERN	_					
_	se number nown)					☐ An ☐ A s		d filing ent showin	g postpetition o	chapter 13
	fficial Form 106 <mark>l</mark> chedule I: Your Inco	ame.				MM	1 / DD/ Y	YYY		12/1
sup spo atta	as complete and accurate as possible plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the property of the property	re married and not filin spouse is not filing wit	g jointly, and you h you, do not incl	r spouse is ude informa	livir ition	ng with you about you	u, includ ur spou	le inform se. If mor	ation about yo	our eded,
1.	Fill in your employment information.		Debtor 1			[Debtor 2	or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employe	d			☐ Emplo	oyed mployed		
	employers.	Occupation	mail handler							
	Include part-time, seasonal, or self-employed work.	Employer's name	USPS							
	Occupation may include student or homemaker, if it applies.	Employer's address	3900 Gabriel Aurora, IL 60							
		How long employed th	nere? 4 yea	ars and 2 n	nor	nths				
Esti unle	mate monthly income as of the dates you are separated. u or your non-filing spouse have more be, attach a separate sheet to this form	e you file this form. If you than one employer, comb	· ·	, ,			erson on	the lines b	•	
	Liet monthly group years colony	, and assemble is a (ba	fore all normall						ling spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, cal			2.	\$	8	05.73	\$	N/A	
3.	Estimate and list monthly overting	ne pay.		3.	+\$		0.00	+\$	N/A	I
4.	Calculate gross Income. Add line	2 + line 3.		4.	\$	805	5.73	\$	N/A	

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Debto	or 1	Harris, Charleston T.		Case	e number (if knowr	n) _			
	Con	by line 4 hore	4.	Fo \$	r Debtor 1		For Debtor	spouse	
		by line 4 here	4.	Ψ_	805.73	<u>3</u>	\$	<u>N/A</u>	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	_	89.2	_	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	· -	82.3	_	\$	N/A	
	5c.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.	· -	35.4	_	\$	N/A	
	5d. 5e.	Insurance	5d. 5e.	: -	0.0 276.2	_	\$	N/A	
	5f.	Domestic support obligations	5f.	· -	0.0	_	\$	N/A N/A	
	5g.	Union dues	5g.	: -	24.0	_	\$	N/A	
	5h.	Other deductions. Specify: child support	5h.		140.7	_	\$	N/A	
		Other Indebtedness		\$	54.6		\$	N/A	
				\$	0.0	0	\$	N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	702.80	<u> </u>	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	102.93	3_	\$	N/A	
8.	8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	· · -	0.0	_	\$	N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	. \$_	0.0	<u>U</u>	\$	N/A	
	8d. 8e. 8f.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	8c. 8d. 8e.	\$	0.00 0.00 0.00	0	\$ \$ \$	N/A N/A N/A	
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.0	^	\$	NI/A	
	8g.	Pension or retirement income	— 8g.	· -	0.0		\$	N/A N/A	
	8h.	Other monthly income. Specify:	8h.	· -		0 +	*	N/A	
		I all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	— ° 9.	\$	0.00	_ 	\$	N/A	
J.	Auc	Tall other moonle. Add lines our obrocrod for for ogron.	J.	<u>_</u>	0.00	<u> </u>	<u></u>		
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	102.93 +	\$	N/A	= \$	102.93
	Incli othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avoify:	lepende				chedule J. 11.	+\$	0.00
		I the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certain			,		40	\$	102.93
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?					Combine monthly	

Fill ir	n this information to identify your case:				
Debto	Charleston T. Harris			c if this is:	
Debto	or 2use, if filing)			A supplement show expenses as of the	ing postpetition chapter 13
``		INIOIO	_	•	
Unite	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL EASTERN DIVISION	LINOIS,	ľ	MM / DD / YYYY	
Case (If kn	enumber lown)				
	ficial Form 106J				
	chedule J: Your Expenses				12/1
infor	as complete and accurate as possible. If two married people a rmation. If more space is needed, attach another sheet to this nown). Answer every question. 1: Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expense	es for Separate Househo	oldof Debtor	2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	•		Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Daughter		13	■ No □ Yes
		son		5	■ No □ Yes
					□ No □ Yes
					□ No
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				☐ Yes
expe	2: Estimate Your Ongoing Monthly Expenses mate your expenses as of your bankruptcy filing date unless enses as of a date after the bankruptcy is filed. If this is a suplicable date.				
valu	ude expenses paid for with non-cash government assistance are of such assistance and have included it on Schedule I: You icial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.	. Include first mortgage	4. \$		850.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues		4c. \$		0.00
5.	Additional mortgage payments for your residence, such as h	nome equity loans	4d. \$ 5. \$		0.00

300.00
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2,380.00
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102.93
2,380.00
2,300.00
-2,277.07
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oade because UI d

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	·				
Fill in this inform	nation to identify your	case:			
Debtor 1	Charleston T. Ha				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIV	/ISION	
Case number					
(if known)					Check if this is an amended filing
Official Form	106Dec				
Declarat	ion About a	an Individua	l Debtor's Sch	edules	12/15
If two married no.	ania ara filing tagathar	both are arrially recover	saible for assemble a comment t		
ii two iiiarrieu pec	opie are ming together	, both are equally respon	sible for supplying correct i	information.	
You must file this	form whenever you fi	le bankruptcy schedules	or amended schedules. Mak	king a false stateme	nt, concealing property, or
	or property by fraud in U.S.C. §§ 152, 1341, 1		ruptcy case can result in fin	es up to \$250,000, o	or imprisonment for up to 20
yours, or boun. To	0.0.0. 33 102, 1041, 1	513, and 557 1.			
Sign	Below				
Did you pay	or agree to pay some	one who is NOT an attor	ney to help you fill out bankr	ruptcy forms?	
■ No					
☐ Yes. N	ame of person			Attach Bankru	uptcy Petition Preparer's Notice,
				Declaration, a	and Signature (Official Form 119)
	ty of perjury, I declare	that I have read the sum	mary and schedules filed wit	th this declaration a	nd
unatthey are	tous and correct.	\checkmark			
(x) (·	Karlet C	Jan-	- x		
	ston T. Harris e of Debtor 1	-	Signature of Del	btor 2	
Date _J	anuary 31, 2018		Date		

Page 34 of 55 Document Fill in this information to identify your case: Debtor 1 Charleston T. Harris Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION United States Bankruptcy Court for the: Case number ☐ Check if this is an (if known) amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	1,700.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,700.00
Par	t 2: Summarize Your Liabilities		
			abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	41,229.00
	Your total liabilities	\$	41,229.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	102.93
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,380.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your ot	her schedu	es.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a propurpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal, fan	nily, or household

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$	2,469.02
----	--	----	----------

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Bort 4 on Calcada la E/E againsthe fall and an	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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IERII Res (lhia informe	ation to identify your					
		ation to identify your	case:				
Debtor	1	Charleston T. Ha	Arris Middle Name		Last Name		
Debtor	2						
(Spouse	if, filing)	First Name	Middle Name		Last Name		
United	States Bank	kruptcy Court for the:	NORTHERN DIS	TRICT OF ILL	INOIS, EASTERN DIV	ISION	
Case n	umber						
(if known	-						☐ Check if this is an
							amended filing
0,00	–	407					
	ial For						
State	ement o	of Financial	Affairs for In	dividual	ls Filing for B	ankruptcy	4/16
						qually responsible for	
		re space is needed, a revery question.	ittach a separate sh	eet to this for	m. On the top of any	additional pages, write	your name and case number
Part 1:	Give De	etails About Your Ma	rital Status and Whe	ara Vou Lived	Refere		
	•			ile Tou Liveu	Delote		
1. Wi	nat is your	current marital statu	s?				
	Married						
	Not marri	ied					*
2. Du	ring the las	st 3 years, have you	ived anywhere othe	r than where	you live now?		
П	3 3		*				
	No Yea List	all of the places you liv	ad in the last 2 years	Do not include	andrae van line een		
_	res. List	all of the places you liv	ed in the last 5 years.	Do not include	e where you live now.	*	
D	ebtor 1 Prio	or Address:	Dates Do there	ebtor 1 lived	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
	558 S Indi hicago, IL	ana Ave - 60619-1614	From-To 9/16 to	100 000 000	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
	637 Oak S	st eights, IL 60411-3	From-To 540 9/13 to		☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
J	moago ne	signits, in out it is	,,,,,				110111-10.
_							
							ritory? (Community property
states a	na territories	s include Arizona, Call	fornia, Idano, Louisia	na, Nevada, N	New Mexico, Puerto Ri	co, Texas, Washington a	and Wisconsin.)
	No						
	Yes. Make	e sure you fill out Sche	dule H: Your Codebte	ors (Official Fo	orm 106H).		
Part 2	Explain	the Sources of Your	Income				
	-Apidin						
Fill	in the total	amount of income you	received from all job	os and all busi	siness during this ye nesses, including part- r, list it only once under		calendar years?
	No						
		n the details.					
-	. 55. 1 111 11	dotalio.					
			Debtor 1		ermaneament	Debtor 2	
			Sources of income Check all that apply	. (be	oss income efore deductions and clusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

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Debtor 1 Har	<u>ris, Charleston T</u>	•	Cas	e number (if known)	
•					
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	l of current year un ed for bankruptcy:	til Wages, commissions, bonuses, tips	\$1,136.58	☐ Wages, commission bonuses, tips	ons,
		☐ Operating a business		☐ Operating a busine	ess
For last calenda January 1 to D	ar year: ecember 31, 2017)	■ Wages, commissions, bonuses, tips	\$33,364.00	☐ Wages, commission bonuses, tips	ons,
		☐ Operating a business		☐ Operating a busine	ess
	r year before that: ecember 31, 2016)	■ Wages, commissions, bonuses, tips	\$38,645.00	☐ Wages, commission bonuses, tips	ons,
•		☐ Operating a business		☐ Operating a busine	ess
		Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	Debtor 2 Sources of Income Describe below.	Gross income (before deductions and exclusions)
Part 3: List C	Certain Payments Y	ou Made Before You Filed for E	Bankruptcy		
□ No. I	Neither Debtor 1 no	r 2's debts primarily consumer r Debtor 2 has primarily consu	mer debts. Consumer debts	are defined in 11 U.S.C.	§ 101(8) as "incurred by an
		r a personal, family, or household	•	\$6.405* an an an 0	
•	No. Go to lir	efore you filed for bankruptcy, did are 7.	you pay any creditor a total of	\$6,425 OF More?	
	Yes List belocreditor.	w each creditor to whom you paid Do not include payments for don ts to an attorney for this bankrupto ent on 4/01/19 and every 3 years a	nestic support obligations, su cy case.	ch as child support and	alimony. Also, do not include
		2 or both have primarily consure fore you filed for bankruptcy, did		\$600 or more?	
	■ No. Go to lir	ne 7.			
	paymen	w each creditor to whom you paid ts for domestic support obligations kruptcy case.			
Creditor's	Name and Address	Dates of payme	ent Total amount paid	Amount you Was	s this payment for

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ьe	pior i Harris, Charleston I.		Cas	e number (if known)		
7.	Within 1 year before you filed for bankru Insiders include your relatives; any general p which you are an officer, director, person in o business you operate as a sole proprietor. 11	artners; relatives of any gener control, or owner of 20% or me	al partners; partnership ore of their voting secui	os of which you are rities; and any man	a general partne aging agent, incl	uding one for a
	■ No □ Yes. List all payments to an insider.				•	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
3.	Within 1 year before you filed for bankru insider? Include payments on debts guaranteed or co		ments or transfer an	y property on acc	count of a debt	that benefited an
	■ No	•				
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
Pai	irt 4: Identify Legal Actions, Repossessi	ons, and Foreclosures				,
).	Within 1 year before you filed for bankru List all such matters, including personal injur and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
0.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		erty repossessed, for	reclosed, garnish	ed, attached, se	eized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happene	d			property
1.	Within 90 days before you filed for bankr accounts or refuse to make a payment be		luding a bank or fina	ncial institution, s	set off any amo	unts from your
	■ No	•		• '	÷	
	Yes. Fill in the details. Creditor Name and Address	Describe the action th	e creditor took	Date:	action was	Amount
			c dicultor took	taken		Amount
2.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or		erty in the possessio	n of an assignee	for the benefit o	of creditors, a
	■ No □ Yes					
Par	art 5: List Certain Gifts and Contribution	s				
	Within 2 years before you filed for bankro	uptcy, did you give any gift	s with a total value o	f more than \$600	per person?	
	No Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$60 person	0 per Describe the gifts		Dates the gi	you gave	Value
	Person to Whom You Gave the Gift and Address:					

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Deb	htor 1 Harris, Charleston T.	Case	number (if known)	
14.	■ No	cruptcy, did you give any gifts or contributions with	h a total value of more than \$6	600 to any charity?
	Yes. Fill in the details for each gift or of Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total Describe what you contributed	Dates you contributed	Value
Par	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankr or gambling?	ruptcy or since you filed for bankruptcy, did you lo	se anything because of theft,	fire, other disaster,
	■ No			
	☐ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pe insurance claims on line 33 of Schedule A/B: Prope		Value of property lost
Par	t 7: List Certain Payments or Transfe	rs		
16.	consulted about seeking bankruptcy or	ruptcy, did you or anyone else acting on your beha r preparing a bankruptcy petition? preparers, or credit counseling agencies for services rec		y to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	Description and value of any property transferred You	Date payment or transfer was made	Amount of payment
	Heller & Richmond, Ltd. 33 N Dearborn St Ste 1907 Chicago, IL 60602-3828	USC	1/31/18	\$1,350.00
17.		ruptcy, did you or anyone else acting on your beha editors or to make payments to your creditors? t you listed on line 16.	ılf pay or transfer any propert	y to anyone who
	■ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
18.	transferred in the ordinary course of yo	rs made as security (such as the granting of a security i		
	Yes. Fill in the details.			
	Person Who Received Transfer Address	property transferred p	Describe any property or layments received or debts	Date transfer was made
	Person's relationship to you	р	aid in exchange	
19.	Within 10 years before you filed for bar	nkruptcy, did you transfer any property to a self-se	ettled trust or similar device o	f which you are a

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Deb	tor 1	Harris, Charleston T.			Case nu	mber (if known)	
	_	ficiary? (These are often called asset-p	rotection devices.)				
		Yes. Fill in the details.					
	Nam	e of trust	Description and	d value of the prop	erty tran	sferred	Date Transfer was made
Part	8:	List of Certain Financial Accounts, I	nstruments, Safe Depos	sit Boxes, and Sto	rage Units	s	
	sold, Inclu hous	n 1 year before you filed for bankrup moved, or transferred? de checking, savings, money market, es, pension funds, cooperatives, ass No	, or other financial acco	unts; certificates o	of deposit		
	•	Yes. Fill in the details.					
		e of Financial Institution and ress (Number, Street, City, State and ZIP)	Last 4 digits of account number	Type of according to the second secon	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Ban	k of America	XXXX-	☐ Checking ☐ Savings ☐ Money Mai ☐ Brokerage ☐ Other	rket	06/17	\$0.00
	US	Employees Credit Union	XXXX-	☐ Checking ■ Savings □ Money Mai □ Brokerage □ Other	rket	08/17	\$5.00
		ou now have, or did you have within on other valuables?	1 year before you filed fo	or bankruptcy, an	y safe de _l	posit box or other depos	itory for securities,
	_	No					
	_	Yes. Fill in the details.					
		e of Financial Institution	Who else had a	occes to it?	Doscribe	e the contents	Do you still
		ress (Number, Street, City, State and ZIP Code)			Describe	e the coments	have it?
22.	Have	you stored property in a storage uni	t or place other than you	ur home within 1 y	ear befor	re you filed for bankrupt	cy?
		No					
		Yes. Fill in the details.					
		ne of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Numbe and ZIP Code)		Describe	e the contents	Do you still have it?
Part	9:	Identify Property You Hold or Contr	ol for Someone Else				
	-	ou hold or control any property that some.	someone else owns? Inc	clude any property	you bor	rowed from, are storing	for, or hold in trust for
	_	No Yes. Fill in the details.					
		ter's Name ress (Number, Street, City, State and ZIP Code	Where is the pr (Number, Street, Cit Code)		Describe	e the property	Value

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Debi	or 1	Harris,	Charleston T.		Case number(if known)	·
Part	10:	Give Det	tails About Environmental Info	ermation		
or ti	ום חוי		Part 10, the following definitio			
_	•	•	,			
				or local statute or regulation concerning e air, land, soil, surface water, groundwat		
			cleanup of these substances,		ter, or other medium, moluting ste	itutes of regulations
		-	y location, facility, or property or utilize it, including disposal	as defined under any environmental law sites.	, whether you now own, operate, o	or utilize it or used to
			<i>terial</i> means anything an envi tant, contaminant, or similar te	ronmental law defines as a hazardous wa erm.	ste, hazardous substance, toxic s	ubstance, hazardous
Repo	rt ali	notices, r	releases, and proceedings that	t you know about, regardless of when the	ey occurred.	
24.	Has a	ny gover	nmental unit notified you that	you may be liable or potentially liable un	der or in violation of an environme	ental law?
ĺ	_ `	No Yes. Fill ir	n the details.			
	Nam	e of site	per, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have	vou notif	ied any governmental unit of a	any release of hazardous material?		-
1	_	•		•		
i	_ `	No Yas Fill ir	n the details.			
		e of site	r the details.	Governmental unit	Environmental law, if you	Date of notice
	Addı	'ess (Numb	per, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	know it	
26. l	Have	you been	a party in any judicial or adm	inistrative proceeding under any environ	nmental law? Include settlements a	and orders.
ı	= ;	No				
Į	ı ر	es. Fill ir	n the details.			
		Title Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Part	11:	Give Det	ails About Your Business or C	Connections to Any Business		
7. 1	Nithi			cy, did you own a business or have any o	f the following connections to any	husiness?
	_			a trade, profession, or other activity, eit	•	Dusiness :
				any (LLC) or limited liability partnership (•	
			ner in a partnership	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 - ,	
		_ •	cer, director, or managing exe	cutive of a corporation		
				or equity securities of a corporation		
j	_					
	_		of the above applies. Go to Pa			
		res. Cnec ness Nam	· · · · · · · · · · · · · · · · · · ·	in the details below for each business. Describe the nature of the business	Employer Identification	
	Addı	ess	ite		Employer Identification numb Do not include Social Security	
	·	,	,	Name of accountant or bookkeeper	Dates business existed	

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Debtor	Harris, Charleston T.	Case number(if known)
18 U.S.	ptcy case can result in fines up to \$250,000, or imp	
	eston T. Harris ure of Debtor 1	Signature of Debtor 2
Date	January 31, 2018	Date
_ •	ı attach additional pages to Your Statement of Fin.	ancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did you	ı pay or agree to pay someone who is not an attor	ney to help you fill out bankruptcy forms?
■ No		
☐ Yes.	Name of Person Attach the Bankruptcy Petit	ion Preparer's Notice, Declaration, and Signature (Official Form 119).

AmeriCash Loans 848 N Route 59 Aurora, IL 60504-4913

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131

Atg Credit LLC 1700 W Cortland St Ste 2 Chicago, IL 60622-1131

Bank of America 896 N Route 59 Aurora, IL 60504-4911

Capital One 15000 Capital One Dr Richmond, VA 23238-1119

Capital One Attn: General Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285

Chase Manhattan Bank USA Bankruptcy Dept. 10 S Dearborn St Chicago, IL 60603-2300 CITIBANK
701 E. 60TH ST. NORTH
SIOUX FALLS, SD 57177

Crandon Emergency Physicians 8012 S Crandon Ave Chicago, IL 60617-1124

Dreyer Medical Clinic 1221 N Highland Ave Aurora, IL 60506-1404

Elmhurst Clinic - Urgent Care 18W511 Roosevelt Rd Lombard, IL 60148-4184

Empact Emergency Physicians L 2000 Ogden Ave Aurora, IL 60504-7222

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824

First Premier Bank PO Box 5524 Sioux Falls, SD 57117-5524 Ford Motor Credit PO Box 537901 Livonia, MI 48153-7901

Franciscan Health Chicago Heights 1423 Chicago Rd Chicago Heights, IL 60411-3400

Internal Rev Service Insolvency Section P.O. Box 21126 Philadelphia, PA 19114

Internal Rev Service Insolvency Section P.O. Box 7346 Philadelphia, PA 19101-7346

Kay Jewelers PO Box 740425 Cincinnati, OH 45274-0425

Phoenix Financial Serv 8902 Otis Ave Ste 103A Indianapolis, IN 46216-1009

Phoenix Financial Services. LLC PO Box 361450 Indianapolis, IN 46236-1450

PLS Loan Store 1261 N Lake St # K Aurora, IL 60506-2471

Purchase Power PO Box 371874 Pittsburgh, PA 15250-7874

Rush-Copley Medical Center 2000 Ogden Ave Aurora, IL 60504-7222

South Shore Hospital 8012 S Crandon Ave Chicago, IL 60617-1124

State Farm Mutual Automobile Insurance C 1 State Farm Plz Bloomington, IL 61710-0001

US Employees Cr Un 230 S Dearborn St Ste 29 Chicago, IL 60604-1505

Valley Imaging Consultants 2000 Ogden Ave Aurora, IL 60504-7222 Case 18-05682 Doc 1 Filed 02/28/18 Entered 02/28/18 15:48:20 Desc Main Document Page 47 of 55

United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No.
Harris, Charleston T.	Chapter 7
Debtor(s)	
VERIFICATION	ON OF CREDITOR MATRIX
	Number of Creditors11
The above-named Debtor(s) hereby verifies that the li	st of creditors is true and correct to the best of my (our) knowledge.
Date: <u>January 31, 2018</u>	ald Ham
Debtor	
Joint Debtor	

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				· ·
Fill in this inform	mation to identify your	case:	A. E. A.	ř.
Debtor 1	Charleston T. Ha	rris		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
	1 2 2 00 N			
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS, EASTERN DIVISION	
Case number			- "	
(if known)				☐ Check if this is an
				amended filing
				*
Official Fo	rm 108			
		n for Indi	viduals Filing Under Chapte	or 7
Statemen	iii oi iiiteiitic	JII IOI IIIUI	riduals i lillig officer chapte	er / 12/15
16			and this forms if	
	ividual filing under cha e claims secured by yo		out this form it:	
			t availand	
•	sed personal property a		or expired. You file your bankruptcy petition or by the date set :	for the meeting of creditors.
			time for cause. You must also send copies to the c	
the for	m [°]			8
If two married pe	eople are filing together	in a joint case, bot	h are equally responsible for supplying correct info	rmation. Both debtors must sign
and da	te the form.			B De
Be as complete a	and accurate as possible	le. If more space is	needed, attach a separate sheet to this form. On the	top of any additional pages,
write y	our name and case nur	nber (if known).		
Part 1: List Y	our Creditors Who Hav	e Secured Claims		
List I	our ordanors vino may	o occurred ordinis		
 For any credit information be 	-	art 1 of Schedule D:	Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the
affective according to the property of the description of the property of the	editor and the property t	hat is collateral	What do you intend to do with the property that	Did you claim the property
			secures a debt?	as exempt on Schedule C?
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	1 110
			☐ Retain the property and enter into a Reaffirmation	☐ Yes
Description of			Agreement.	
property securing debt:	i		☐ Retain the property and [explain]:	
securing debt.	•			-
Creditor's	<u> </u>		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
			☐ Retain the property and enter into a Reaffirmation	☐ Yes
Description of			Agreement.	
property			Retain the property and [explain]:	
securing debt:				_
Creditor's	*		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
			Retain the property and enter into a <i>Reaffirmation</i>	☐ Yes
Description of			Agreement.	e
property			☐ Retain the property and [explain]:	
securing debt:	· 1			
Creditor's			☐ Surrender the property.	□ No
J. 501101 5			Surrence the property.	L 140

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Harris, Charleston T.	Case number (if known)		
name: Description of property securing debt:	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes	
Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Unexpir may assume an unexpired personal property lease if the trus	ed leases are leases that are still in effect: the lease	eases (Official Form 106G), fill in e period has not yet ended. You	
Describe your unexpired personal property leases		Will the lease be assumed?	
Lessor's name: Description of leased Property:		□ No	
Lessor's name: Description of leased Property:		□ No	
Lessor's name: Description of leased Property:		□ No	
Lessor's name: Description of leased Property:		□ No	
Lessor's name: Description of leased Property:		□ No	
Lessor's name: Description of leased Property:		□ No	
Lessor's name: Description of leased Property:		□ No	
Part 3: Sign Below			
Under penalty of perjury, I declare that I have indicated my in property that is subject to an unexpired lease. X Charleston T. Harris Signature of Debtor 1	Atention about any property of my estate that secured by a secure of Debtor 2	res a debt and any personal	
Date January 31, 2018	Date		

 $_{B201B\;(Form\;2018)}\textbf{Case}_{2/19}\textbf{8-05682}$

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Northern District of Illinois, Eastern Division

IN RE:	Case No	
Harris, Charleston T.	Chapter 7	
	F NOTICE TO CONSUMER DEBTOR(S) b) OF THE BANKRUPTCY CODE	
Certificate of [Non-	Attorney] Bankruptcy Petition Preparer	
I, the [non-attorney] bankruptcy petition preparer signin notice, as required by § 342(b) of the Bankruptcy Code.		o the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Pr Address:	petition preparer is the Social Security principal, responsi the bankruptcy pet	
X		.S.C. § 110.)
Ce	ertificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have received an	nd read the attached notice, as required by § 342(b) of	the Bankruptcy Code.
Harris, Charleston T.	X /s/ Chjarleston T. Harris	2/28/2018
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)	X	
	Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No.
Harris, Charleston T. Debtor(s)	Chapter 7
CERTIFICATION OF NOTICE TO CONSUMER UNDER § 342(b) OF THE BANKRUPTCY	
Certificate of [Non-Attorney] Bankruptcy Petitic	on Preparer
I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby cenotice, as required by § 342(b) of the Bankruptcy Code.	rtify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
X Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.	(Required by 11 U.S.C. § 110.)
Certificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as req	uired by § 342(b) of the Bankruptcy Code.
Harris, Charleston T. Printed Name(s) of Debtor(s) X Signature of Debtor	1/31/2018 or Date
Case No. (if known) X Signature of Joint	Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Harris, Charleston T.		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMP	ENSATION OF ATTO	ORNEY FOR D	EBTOR	
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy	y, or agreed to be paid	d to me, for services r	
	For legal services, I have agreed to accept		\$	1,350.00	
	Prior to the filing of this statement I have received	[\$	1,350.00	
	Balance Due		\$	0.00	
2. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. I	I have not agreed to share the above-disclosed comfirm.	pensation with any other persor	n unless they are men	nbers and associates of	of my law
[☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na				law firm. A
5. I	in return for the above-disclosed fee, I have agreed to	render legal service for all aspec	cts of the bankruptcy	case, including:	
b c	 Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit [Other provisions as needed] 	tement of affairs and plan whic	h may be required;	-	kruptcy;
6. B	By agreement with the debtor(s), the above-disclosed for	ee does not include the following	ng service:		
		CERTIFICATION			
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement fo	or payment to me for	representation of the	debtor(s) in
Fe	ebruary 28, 2018	/s/ Michael R. Ric	hmond		
Do	ate	Michael R. Richm Signature of Attorne			
		Heller & Richmor			
		33 N Dearborn St	t Ste 1907		
		Chicago, IL 6060		•	
		(312) 781-6700 F mrichmond@hell	Fax: (312) 781-673 lerrichmond.com	2	
		Name of law firm			

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Harris, Charleston T.		Case No.	
	-	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPE	NSATION OF ATTO	ORNEY FOR I	DEBTOR
cc	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept		\$	1,350.00
	Prior to the filing of this statement I have received		\$	1,350.00
	Balance Due		\$	0.00
2. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
 I have not agreed to share the above-disclosed compensation with any other person unless firm. 				mbers and associates of my law
	I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name			
5. Ir	n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:			
b. с.	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed]	ment of affairs and plan which	ch may be required;	
6. B	y agreement with the debtor(s), the above-disclosed fee	does not include the following	ng service:	
		CERTIFICATION		•
	certify that the foregoing is a complete statement of any nkruptcy proceeding.	agreement or arrangement for	or payment to me for	representation of the debtor(s) in
Fe	bruary 20, 2018	/s/ Michael R. Rie		· · · · · · · · · · · · · · · · · · ·
Da	te	Michael R. Richn Signature of Attorn		
		Heller & Richmo		· •
		33 N Dearborn S	t Ste 1907	
		Chicago, IL 6060		
		(312) 781-6700	Fax: (312) 781-673	32
	·	Name of law firm	llerrichmond.com	

ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 3rd day of May 2017 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 and Charleston Harris (hereinafter referred to as "Client") of Oswego, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

TERMS OF AGREEMENT

- 1. Professional Legal Services to be Provided.
- A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
 - Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
 - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
 - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
 - 4. Other:
- B. Professional legal services to be provided by "Attorney" to "Client shall not include:
 - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
 - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
 - Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
 - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- 2. Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client"

 \$ 1350 .00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars**

 (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -1 secured creditors;
- b. +10 unsecured creditors; (*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -0- law suits pending against him/her;
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client" s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" fails to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

- 1. \$ 200.00 upon the execution of this agreement;
- 2. Balance due prior to filing, but within 90 days

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$
\$ 1745 .00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

4. Termination of Agreement.

- A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.
- B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to the following:
 - 1. "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
 - 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
 - 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.

5. "Client" acknowledgment.

A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.

- B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.
- C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.
- D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.
 - E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.
- F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.
- G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.
- H. "Client" bereby warrants and covenants that ho/she has truthfully and fully disclosed to "htterney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Client" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her standards) thereto.

** costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3-bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

Helter & Richmond, Ltd.

By:

HELLER & RICHMOND, LTD. 33 N. Dearborn Street Suite 1907 Chicago, IL 60602 (312) 781-6700 AGREE TO ALL THE TERMS CONTAINED IN THIS DOCUMENT

By affixing my signature above, I hereby certify that I have not filed any petition for bankruptcy within the past 8 years, except as otherwise noted as follows:

NONE____

YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.